

MAR 30 2005

PTO/SB/30 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>Request For Continued Examination (RCE) Transmittal</b>		<b>Application Number</b> 09/657,431 <b>Filing Date</b> September 7, 2000 <b>First Named Inventor</b> Dominique P. BRIDON <b>Art Unit</b> 1654 <b>Examiner Name</b> B. Dell Chism <b>Attorney Docket Number</b> 500862001400
<b>Address to:</b> MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

<b>1. Submission required under 37 CFR 1.114</b> Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).	
a. <input checked="" type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.	
i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ ii. <input checked="" type="checkbox"/> Other <u>Supplemental Response to Final Office Action dated January 7, 2005</u> <u>Response to Final Office Action dated December 4, 2004</u>	
b. <input type="checkbox"/> Enclosed	
i. <input type="checkbox"/> Amendment/Reply      ii. <input type="checkbox"/> Information Disclosure Statement (IDS) ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)      iv. <input type="checkbox"/> Other _____	
<b>2. Miscellaneous</b>	
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(j) required)	
b. <input type="checkbox"/> Other _____	
<b>3. Fees</b> The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.	
a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. <u>03-1952</u> . I have enclosed a duplicate copy of this sheet.	
i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e) <u>(Fee Transmittal (PTO/SB/17 attached in duplicate)</u> ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17) iii. <input type="checkbox"/> Other _____	
b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed	
c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Signature	<i>Michael R. Ward</i>	Date	March 30, 2005
Name (Print/Type)	Michael R. Ward	Registration No.	38,651

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Dated: March 30, 2005

Signature: *Leah Kellen* (Leah Kellen)

sf-1903391

PAGE 2/5 \* RCVD AT 3/30/2005 8:10:11 PM [Eastern Standard Time] \* SVR:USPTO-EXRF-1/1 \* DNI:8729306 \* CSID:415 2687522 \* DURATION (mm:ss):02:12

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**MORRISON & FOERSTER LLP**

Attorneys at Law  
425 Market Street  
San Francisco, California 94105-2482  
Telephone: (415) 268-7000  
Facsimile: (415) 268-7522

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**To:**

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FROM: Michael R. Ward - Reg. No. 38,651

DATE: March 30, 2005

NUMBER OF PAGES WITH COVER PAGE: 5

Preparer of this slip has confirmed that facsimile number given is correct: 9354/LMK2**CAUTION - CONFIDENTIAL**

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**Comments:**

Attorney Docket No.: 500862001400  
Examiner: B. Dell Chism  
Art Unit: 1654  
Serial No.: 09/657,431  
Filing Date: September 7, 2000  
Inventor(s): Dominique P. BRIDON et al.  
Title: LONG LASTING ANTI-ANGIOGENIC PEPTIDES

**Attachments:**

1. Request for Continued Examination (RCE) Transmittal - 1 page
2. Fee Transmittal, in duplicate - 2 pages
3. Petition for Extension of Time - 1 page

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PTO/98/17 (12-04v2)  
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<b>Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (PL. 481-6).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL For FY 2005</b>		Application Number	09/657,431
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 7, 2000
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 620.00)		First Named Inventor	Dominique P. BRIDON
		Examiner Name	B. Dell Chiam
		Art Unit	1654
		Attorney Docket No.	500862001400

**METHOD OF PAYMENT (check all that apply)**

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Name	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ... 395.00  
2252 Extension for response within second month 225.00

SUBMITTED BY			
Signature	<i>Michael R. Ward</i>		Registration No. (Attorney/Agent) 38,651
Name (Print/Type)	Michael R. Ward		Telephone (415) 268-6237
		Date	March 30, 2005

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Dated: March 30, 2005

Signature *Leah Kellen* (Leah Kellen)

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## DUPLICATE COPY FOR FEE PROCESSING

PTO/SB/17 (12-04-07)

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<i>Effective on 12/03/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<b>Complete If Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Application Number</b> 09/857,431	<b>Filing Date</b> September 7, 2000
<input checked="" type="checkbox"/> <b>Applicant claims small entity status. See 37 CFR 1.27</b>		<b>First Named Inventor</b> Dominique P. BRIDON	<b>Examiner Name</b> B. Dell Chism
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 620.00)		<b>Art Unit</b> 1654	<b>Attorney Docket No.</b> 500862001400

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP		

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

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360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
_____	_____	_____	_____	Fee (\$)	Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 =	/50 (round up to a whole number) x _____	_____	_____

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...  
2252 Extension for response within second month)

Fee Paid (\$)

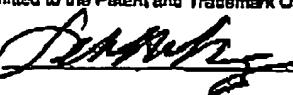
395.00

225.00

SUBMITTED BY					
Signature	Michael R. Ward		Registration No. (Attorney/Agent)	38,851	Telephone (415) 268-6237
Name (Print/Type)	Michael R. Ward		Date	March 30, 2005	

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Dated: March 30 2005

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